

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

7-16-08
IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
PM 7-16-08
2008 JUL 17 AM 9:20

COMMITTEE NAME (Must be same as on Statement of Organization)

Chickasaw County Republican Central Com.

IMPORTANT: Indicate by # type of committee you are reporting for: 4

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9037

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Wayne Mutsch Treas

641-394-4770

7-16-08

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

Primary

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

Chickasaw

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

3,028.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

255.00

Schedule F: Loans Received total (Attach Schedule F)

N/A

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

N/A

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

3,283.06

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

154.15

Schedule F: Loan Repayments total (Attach Schedule F)

N/A

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

3,128.91

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

none

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

none

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

none

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

none

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

July 19

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
Chickasaw County Republican Central Com.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|-----------------------------|---|---|--|--------------------|---------------------------------------|
| 5-15-08 | ID# CK# | Joyce Walter 2720 Kenwood Ave. New Hampton, IA 50659 | | \$ 25. | <input checked="" type="checkbox"/> |
| 5-15-08 | ID# CK# | Bob Messersmith P.O. Box 247 New Hampton, IA 50659 | | 25. | <input checked="" type="checkbox"/> |
| 5-15-08 | ID# CK# | Edna Dietz 1210 300 St. Nashua, IA 50658 | | 50. | <input checked="" type="checkbox"/> |
| 5-15-08 | ID# CK# | Lorayne Kleiss 2619 Pembroke Ave. Fredericksburg, IA 50630 | | 25. | <input checked="" type="checkbox"/> |
| 5-15-08 | ID# CK# | Bulla Edwards 104 Schult Ridge Rd. Fredericksburg, IA 50630 | | 25. | <input checked="" type="checkbox"/> |
| 5-16-08 | ID# CK# | Shirley Fosse 1017 Cedar Crest Ln. Nashua, IA 50658 | | 25. | <input checked="" type="checkbox"/> |
| 5-16-08 | ID# CK# | Timothy Deeny 3346 100 St. Camar, IA 52132 | | 15. | <input checked="" type="checkbox"/> |
| 5-16-08 | ID# CK# | Ellen Fisher 2965 160 St. Lawler, IA 52154 | | 20. | <input checked="" type="checkbox"/> |
| 5-16-08 | ID# CK# | Stanley Perkins 707 E Sunrise St. New Hampton, IA 50659 | | 25. | <input checked="" type="checkbox"/> |
| 5-16-08 | ID# CK# | Nate Schmicklerath 2069 170 St. New Hampton, IA 50659 | | 20. | <input checked="" type="checkbox"/> |

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 255.

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

July 19

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Chickasaw County Republican Central Com.

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|---|--|--------------------|
| 5-16-08 | ID# CK# 544 | Jim Schmitt 326 7 th Ave Dr. New Hampton, IA 50659 | 2nd mailing letter postage + supplies | \$ 91.15 |
| 5-16-08 | ID# CK# 545 | Carolyn Shaw 626 N Foley Ave New Hampton, IA 50659 | parade entries and voter chie | 63.00 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$154.15 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)